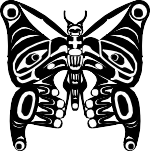
**Skw’une-was Family Groups**

*(fillable Word document available* [*here*](https://cheakamuscentre.ca/assets/docs/forms/2018/Family_Groups_Form.docx)*)*

\*\*If you have **32 or fewer** students, please use 4 family groups (no Wool Weaver group). Please include preferred names.

Please email with Class List, Group Profile, Medical forms, Informed Consent forms, and Group Medical Summary to [odsclinic@sd44.ca](mailto:odsclinic@sd44.ca) **at least 2 weeks** before your group’s arrival.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School Name:** |  | **Teacher’s Name:** |  | **Program Dates:** |  |

|  |  |  |
| --- | --- | --- |
| **Hunters & Fishers**  Elder  1) | **Cedar Bark Workers**  Elder:  1) | **Wool Weavers**  Elder:  1) |
| 2) | 2) | 2) |
| 3) | 3) | 3) |
| 4) | 4) | 4) |
| 5) | 5) | 5) |
| 6) | 6) | 6) |
| 7) | 7) | 7) |
| 8) | 8) | 8) |
| **Wood Workers**  Elder  1) | **Plant Gatherers**  Elder:  1) |  |
| 2) | 2) |  |
| 3) | 3) | Teacher: |
| 4) | 4) |  |
| 5) | 5) | Floater: |
| 6) | 6) |  |
| 7) | 7) | EA: |
| 8) | 8) |  |